

Footnote 1

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: REYNALDO
Middle Name:: B.
Family Name:: HALILI
Name Suffix:: JR.
City of Residence:: Carlsbad
State or Province of Residence:: California
Country of Residence:: US
Street of Mailing Address:: 2340 Rising Glen Way, #307
City of Mailing Address:: Carlsbad
State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92008

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	29,541	James M. Heslin
Associate	47,400	Nena Bains

Assignee Information

Assignee Name:: TheraCardia, Inc.
Street of mailing address:: 1062-F Calle Negocio
City of mailing address:: San Clemente
State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92673